

112TH CONGRESS  
2D SESSION

# H. R. 3790

To amend title XVIII of the Social Security Act to provide comprehensive cancer patient treatment education under the Medicare Program and to provide for research to improve cancer symptom management.

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## IN THE HOUSE OF REPRESENTATIVES

JANUARY 18, 2012

Mr. ISRAEL (for himself, Mr. TIBERI, Mr. FRANK of Massachusetts, Ms. NORTON, Mr. ELLISON, Mr. GRIJALVA, and Mr. HINCHEY) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend title XVIII of the Social Security Act to provide comprehensive cancer patient treatment education under the Medicare Program and to provide for research to improve cancer symptom management.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

### 3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the  
5 “Improving Cancer Treatment Education Act of 2012”.

1 (b) TABLE OF CONTENTS.—The table of contents of  
 2 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Findings.

TITLE I—COMPREHENSIVE CANCER PATIENT TREATMENT  
 EDUCATION UNDER THE MEDICARE PROGRAM

Sec. 101. Medicare coverage of comprehensive cancer patient treatment education services.

TITLE II—RESEARCH ON CANCER SYMPTOM MANAGEMENT  
 IMPROVEMENT

Sec. 201. Sense of Congress.

Sec. 202. NIH Research on cancer symptom management improvement.

3 **SEC. 2. FINDINGS.**

4 The Congress makes the following findings:

5 (1) Many people with cancer experience side ef-  
 6 fects, symptoms, and late complications associated  
 7 with their disease and their treatment, which can  
 8 have a serious adverse impact on their health, well-  
 9 being, and quality of life.

10 (2) Many side effects and symptoms associated  
 11 with cancer and its treatment can be reduced or con-  
 12 trolled by the provision of timely symptom manage-  
 13 ment and services and also by educating people with  
 14 cancer and their caregivers about the potential ef-  
 15 fects before treatment begins.

16 (3) Studies have found that individualized edu-  
 17 cational intervention for cancer pain management  
 18 from a registered nurse was effective for patients  
 19 with cancer being treated in outpatient and home-

1 based settings. Similarly, the number of caregivers  
2 who said they were well informed and confident  
3 about caregiving after attending a family caregiver  
4 cancer education program which increased after pro-  
5 gram attendance.

6 (4) People with cancer benefit from having an  
7 educational session with oncology nurses in advance  
8 of the initiation of treatment to learn how to reduce  
9 the risk of and manage adverse effects and maximize  
10 well-being. Helping patients to manage their side ef-  
11 fects reduces adverse events and the need for urgent  
12 or inpatient care.

13 (5) The Oncology Nursing Society has received  
14 reports from its members that, because the Medicare  
15 program and other payers do not cover the provision  
16 of patient treatment education, patients and their  
17 caregivers often do not receive adequate education  
18 before the onset of such patients' treatment for can-  
19 cer regarding the course of such treatment and the  
20 possible side effects and symptoms such patients  
21 may experience. The Oncology Nursing Society rec-  
22 ommends that all patients being treated for cancer  
23 have a one-on-one educational session with a nurse  
24 in advance of the onset of such treatment so that  
25 such patients and their caregivers receive the infor-

1       mation they need to help minimize adverse events re-  
2       lated to such treatment and maximize the well-being  
3       of such patients.

4           (6) Insufficient or non-existent Medicare pay-  
5       ments coupled with poor investment in symptom  
6       management research contribute to the inadequate  
7       education of patients, poor management and moni-  
8       toring of cancer symptoms, and inadequate handling  
9       of late effects of cancer and its treatment.

10          (7) People with cancer often do not have the  
11       symptoms associated with their disease and the asso-  
12       ciated treatment managed in a comprehensive or ap-  
13       propriate manner.

14          (8) People with cancer deserve to have access to  
15       comprehensive care that includes appropriate treat-  
16       ment and symptom management.

17          (9) Patients who receive infused chemotherapy  
18       likely obtain some treatment education during the  
19       course of the administration of their treatment; yet,  
20       many do not, and individuals who may receive a dif-  
21       ferent type of cancer care, such as radiation or sur-  
22       gical interventions or oral chemotherapy taken at  
23       home, likely do not receive treatment education dur-  
24       ing their treatment.

1           (10) Comprehensive cancer care must include  
2           access to services and management associated with  
3           nausea, vomiting, fatigue, depression, pain, and  
4           other symptoms.

5           (11) The Institute of Medicine report, “Ensuring  
6           Quality Cancer Care” asserts that “much can be  
7           done to relieve the symptoms, ease distress, provide  
8           comfort, and in other ways improve the quality of  
9           life of someone with cancer. For a person with cancer,  
10          maintenance of quality of life requires, at a minimum,  
11          relief from pain and other distressing symptoms,  
12          relief from anxiety and depressions, including  
13          the fear of pain, and a sense of security that assistance  
14          will be readily available if needed.”.

15          (12) The Institute of Medicine report, “Cancer  
16          Care for the Whole Patient: Meeting Psychosocial  
17          Health Needs” recognizes that cancer patients’ psychosocial  
18          needs include information about their  
19          therapies and the potential side effects.

20          (13) As more than half of all cancer diagnoses  
21          occur among individuals age 65 and older, the challenges  
22          of managing cancer symptoms are growing  
23          for patients enrolled in the Medicare program.

24          (14) Provision of Medicare payment for comprehensive  
25          cancer patient treatment education, cou-

pled with expanded cancer symptom management research, will help improve care and quality of life for people with cancer from the time of diagnosis through survivorship or end of life.

## **TITLE I—COMPREHENSIVE CAN- CER PATIENT TREATMENT EDUCATION UNDER THE MEDICARE PROGRAM**

### **SEC. 101. MEDICARE COVERAGE OF COMPREHENSIVE CAN- CER PATIENT TREATMENT EDUCATION SERV- ICES.**

(a) IN GENERAL.—Section 1861 of the Social Security Act (42 U.S.C. 1395x) is amended—

(1) in subsection (s)(2)—

(A) by striking “and” at the end of subparagraph (EE);

(B) by adding “and” at the end of subparagraph (FF); and

(C) by adding at the end the following new subparagraph:

“(GG) comprehensive cancer patient treatment education services (as defined in subsection (iii)(1));” and

(2) by adding at the end the following new subsection:

1 “Comprehensive Cancer Patient Treatment Education  
2 Services

3 “(iii)(1) The term ‘comprehensive cancer patient  
4 treatment education services’ means—

5 “(A) in the case of an individual who is diag-  
6 nosed with cancer, the provision of a one-hour pa-  
7 tient treatment education session delivered by a reg-  
8 istered nurse that—

9 “(i) is furnished to the individual and the  
10 caregiver (or caregivers) of the individual in ad-  
11 vance of the onset of treatment and to the ex-  
12 tent practicable, is not furnished on the day of  
13 diagnosis or on the first day of treatment;

14 “(ii) educates the individual and such care-  
15 giver (or caregivers) to the greatest extent prac-  
16 ticable, about all aspects of the care to be fur-  
17 nished to the individual, informs the individual  
18 regarding any potential symptoms, side-effects,  
19 or adverse events, and explains ways in which  
20 side effects and adverse events can be mini-  
21 mized and health and well-being maximized,  
22 and provides guidance regarding those side ef-  
23 fects to be reported and to which health care  
24 provider the side effects should be reported;

1 “(iii) includes the provision, in written  
2 form, of information about the course of treat-  
3 ment, any responsibilities of the individual with  
4 respect to self-dosing, and ways in which to ad-  
5 dress symptoms and side-effects; and

6 “(iv) is furnished, to the greatest extent  
7 practicable, in an oral, written, or electronic  
8 form that appropriately takes into account cul-  
9 tural and linguistic needs of the individual in  
10 order to make the information comprehensible  
11 to the individual and such caregiver (or care-  
12 givers); and

13 “(B) with respect to an individual for whom a  
14 course of cancer treatment or therapy is materially  
15 modified, a one-hour patient treatment education  
16 session described in subparagraph (A), including up-  
17 dated information on the matters described in such  
18 subparagraph should the individual’s oncologic  
19 health care professional deem it appropriate and  
20 necessary.

21 “(2) In establishing standards to carry out paragraph  
22 (1), the Secretary shall consult with appropriate organiza-  
23 tions representing providers of oncology patient treatment  
24 education services and organizations representing people  
25 with cancer.”.



1 (b) PAYMENT.—Section 1833(a)(1) of such Act (42  
2 U.S.C. 1395l(a)(1)) is amended—

3 (1) by striking “and” before “(Z)”;

4 (2) by inserting before the semicolon at the end  
5 the following: “, and (AA) with respect to com-  
6 prehensive cancer patient treatment education serv-  
7 ice (as defined in section 1861(iii)(1)), 150 percent  
8 of the payment rate established under section 1848  
9 for diabetes outpatient self-management training  
10 services (as defined in section 1861(qq)), determined  
11 and applied without regard to any coinsurance”.

12 (c) COVERAGE.—Section 1862(a)(1) of such Act (42  
13 U.S.C. 1395y(a)(1)) is amended—

14 (1) in subparagraph (O), by striking “and” at  
15 the end;

16 (2) in subparagraph (P), by striking the semi-  
17 colon at the end and inserting “, and”;

18 (3) by adding at the end the following new sub-  
19 paragraph:

20 “(Q) in the case of comprehensive cancer pa-  
21 tient treatment education services (as defined in  
22 subsection (iii)(1)) which are performed more fre-  
23 quently than is covered under such section;”.

24 (d) NO IMPACT ON PAYMENT FOR OTHER SERV-  
25 ICES.—Nothing in this section shall be construed to affect

1 or otherwise authorize any reduction or modification, in  
2 the Medicare payment amounts otherwise established for  
3 chemotherapy infusion or injection codes with respect to  
4 the calculation and payment of minutes for chemotherapy  
5 teaching or related services.

6 (e) EFFECTIVE DATE.—The amendments made by  
7 this section shall apply to services furnished on or after  
8 the first day of the first calendar year that begins after  
9 the date of the enactment of this Act.

## 10 **TITLE II—RESEARCH ON CAN-** 11 **CER SYMPTOM MANAGEMENT** 12 **IMPROVEMENT**

### 13 **SEC. 201. SENSE OF CONGRESS.**

14 It is the sense of Congress that—

15 (1) many people with cancer experience side ef-  
16 fects, symptoms, and late side effects associated with  
17 their disease and their treatment, and such effects  
18 can have a serious adverse impact on the effective-  
19 ness of their treatment, their health, well-being, and  
20 quality of life;

21 (2) with the number of cancer survivors con-  
22 tinuing to grow, addressing the effects of their  
23 symptoms and side effects are becoming increasingly  
24 critical in reducing the burden of cancer and its  
25 treatments;

1           (3) although research is producing new insights  
2       into the causes of and cures for cancer, efforts to  
3       manage the symptoms and side effects of the disease  
4       and its treatments have not kept pace; and

5           (4) the National Institutes of Health should  
6       continue to support research in the area of symptom  
7       management and the role that nurses play in pro-  
8       viding those interventions.

9   **SEC. 202. NIH RESEARCH ON CANCER SYMPTOM MANAGE-**  
10                   **MENT IMPROVEMENT.**

11       (a) IN GENERAL.—The Director of the National In-  
12       stitutes of Health shall expand, intensify, and coordinate  
13       programs for the conduct and support of research with  
14       respect to—

15           (1) improving the treatment and management  
16       of symptoms and side effects associated with cancer  
17       and cancer treatment; and

18           (2) evaluating the role of nursing interventions  
19       in the amelioration of such symptoms and side ef-  
20       fects.

21       (b) ADMINISTRATION.—The Director of the National  
22       Institutes of Health is encouraged to carry out this section  
23       through the Director of the National Cancer Institute, in  
24       collaboration with at least the directors of the National  
25       Institute of Nursing Research, the National Institute of

1 Neurological Disorders and Stroke, the National Institute  
2 of Mental Health, the National Center on Minority Health  
3 and Health Disparities, the National Center for Com-  
4 plementary and Alternative Medicine, and the Agency for  
5 Healthcare Research and Quality.

